709 MEADOW PARK DRIVE, P.O. BOX 309
CLINTON 53525 Phone: (608) 676-2202 Ownership: Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 94 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 94 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 84 Average Daily Census: 79

ALDEN-MEADOW PARK HEALTH CARE CENTER

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	왕
Home Health Care	No	   Primary Diagnosis		Age Groups	용		32.1
Supp. Home Care-Personal Care	No			1		1 - 4 Years	35.7
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	7.1		11.9
Day Services	No	Mental Illness (Org./Psy)	23.8	65 - 74	11.9		
Respite Care	Yes	Mental Illness (Other)	19.0	75 - 84	28.6		79.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	4.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	9.5			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	7.1	65 & Over	92.9		
Transportation	No	Cerebrovascular	7.1			RNs	4.7
Referral Service	No	Diabetes	13.1	Gender	용	LPNs	8.9
Other Services	No	Respiratory	7.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.6	Male	34.5	Aides, & Orderlies	44.7
Mentally Ill	No			Female	65.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
**********	****	*******	*****	*****	*****	*******	*****

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	43	100.0	298	30	96.8	117	0	0.0	0	8	100.0	169	0	0.0	0	2	100.0	425	83	98.8
Intermediate				1	3.2	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	43	100.0		31	100.0		0	0.0		8	100.0		0	0.0		2	100.0		84	100.0

ALDEN-MEADOW PARK HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	/31/03
Deaths During Reporting Period					0. M 11		
Percent Admissions from:		Activities of	양		% Needing sistance of	0 matall.	Total
			ŭ				Number of
Private Home/No Home Health		± 2 , ,	-	One	Or Two Staff		Residents
Private Home/With Home Health	7.7		0.0		100.0	0.0	84
Other Nursing Homes	4.2		19.0		60.7	20.2	84
Acute Care Hospitals	76.9	Transferring	39.3		47.6	13.1	84
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.3		64.3	21.4	84
Rehabilitation Hospitals	0.0	Eating	63.1		25.0	11.9	84
Other Locations	2.8	******	******	*****	*****	******	*****
Total Number of Admissions	143	Continence		용	Special Treatmen	ts	િ
Percent Discharges To:		Indwelling Or Extern	al Catheter	14.3	Receiving Resp	iratory Care	10.7
Private Home/No Home Health	15.2	Occ/Freq. Incontinen	t of Bladder	41.7	Receiving Trac	heostomy Care	1.2
Private Home/With Home Health	20.5	Occ/Freq. Incontinen	t of Bowel	20.2	Receiving Suct	ioning	1.2
Other Nursing Homes	9.8	_			Receiving Osto	my Care	2.4
Acute Care Hospitals	15.2 I	Mobility			Receiving Tube	Feeding	3.6
Psych. HospMR/DD Facilities	0.0 i	Physically Restraine	d	0.0		anically Altered Diets	31.0
Rehabilitation Hospitals	0.0	1 1			3	-	
Other Locations	5.3 i	Skin Care			Other Resident C	haracteristics	
Deaths	34.1 i	With Pressure Sores		19.0	Have Advance D	irectives	59.5
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	132					hoactive Drugs	57.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.0	86.2	0.97	87.1	0.96	88.1	0.95	87.4	0.96
Current Residents from In-County	88.1	78.5	1.12	81.0	1.09	82.1	1.07	76.7	1.15
Admissions from In-County, Still Residing	27.3	17.5	1.56	19.8	1.38	20.1	1.36	19.6	1.39
Admissions/Average Daily Census	181.0	195.4	0.93	158.0	1.15	155.7	1.16	141.3	1.28
Discharges/Average Daily Census	167.1	193.0	0.87	157.4	1.06	155.1	1.08	142.5	1.17
Discharges To Private Residence/Average Daily Census	59.5	87.0	0.68	74.2	0.80	68.7	0.87	61.6	0.97
Residents Receiving Skilled Care	98.8	94.4	1.05	94.6	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	92.9	92.3	1.01	94.7	0.98	92.0	1.01	87.8	1.06
Title 19 (Medicaid) Funded Residents	36.9	60.6	0.61	57.2	0.65	61.7	0.60	65.9	0.56
Private Pay Funded Residents	9.5	20.9	0.45	28.5	0.33	23.7	0.40	21.0	0.45
Developmentally Disabled Residents	2.4	0.8	2.96	1.3	1.87	1.1	2.15	6.5	0.37
Mentally Ill Residents	42.9	28.7	1.49	33.8	1.27	35.8	1.20	33.6	1.28
General Medical Service Residents	3.6	24.5	0.15	21.6	0.17	23.1	0.15	20.6	0.17
Impaired ADL (Mean)	43.3	49.1	0.88	48.5	0.89	49.5	0.87	49.4	0.88
Psychological Problems	57.1	54.2	1.05	57.1	1.00	58.2	0.98	57.4	1.00
Nursing Care Required (Mean)	8.6	6.8	1.27	6.7	1.29	6.9	1.25	7.3	1.18